

**SAMPLE NOTIFICATION LETTER
EXPIRATION of TEMPORARY FREE MILK BENEFITS**

Date: _____

Dear _____:

Please be advised that the temporary approval for free milk for your child(ren) will end on (specify date). After this date your child(ren) must pay \$_____ for milk. If you wish to reapply, you must complete and return the enclosed application.

If you have any questions about your child(ren)'s eligibility for free milk, you may call or write the following official:

Name: _____

Agency: _____

Address: _____

Phone: _____

You may reapply at any time during the school year if you feel that a change in circumstances may make your child(ren) eligible for free milk—such as a decrease in household income, an increase in household size, or the household receives Food Stamp, CalWORKs, KinGAP, or FDPIR benefits.

Sincerely,

Enclosure: Copy of original Notification of *Temporary* Approval for Free Milk.